

# EXHIBIT F



## Office of Temporary and Disability Assistance

**KATHY HOCHUL**  
Governor

**BARBARA C. GUINN**  
Acting Commissioner

November 6, 2023

### **CONFIDENTIAL**

Part S, RM 1164B  
Housing Court, Civil Court of the City of New York, New York County  
111 Centre Street  
New York, NY 10013  
Attn: Jainey Samuel, Esq.

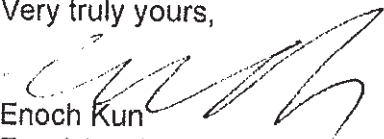
Dear Attorney Jainey Samuel:

The New York State Office of Temporary and Disability Assistance (OTDA) received a subpoena on October 24, 2023, which demands:

1. Certified copies of the Respondent's ERAP application and documents in support of Respondent's ERAP application submitted to OIDA (ERAP application ID: QJV1H) in connection with the apartment located at 4 East 107th Street, Apartment 104-15B a/k/a 158, New York, New York 10029;
2. Certified copies of documents showing the amount of ERAP funds disbursed, the months for which ERAP funds were allocated, the date of disbursement, the party and address to whom ERAP funds were made, the date ERAP funds were deposited and by whom;
3. Certified copies of the ERAP approval correspondence to Respondent and Petitioner; and
4. Certified copies of the front and back of the cancelled check(s) in connection with the ERAP funds on behalf of Respondent (ERAP application ID: QJV1H).

After conducting a due diligence search, the custodian of records identified a set of additional documents subsequent to November 3, 2023, in relation to the subpoena request. Please note that these documents were discovered after the initial submission. Please be advised that pursuant to Section 6 of Subpart A of Part BB of Chapter 56 of the Laws of 2021, as amended by Chapter 417 of the Laws of 2021, and Division N, Title V, Subtitle A, Section 501 of the Consolidated Appropriations Act, and other applicable federal or State law or policy, Emergency Rental Assistance Program (ERAP) data is confidential. Please maintain the confidential character of the ERAP information that has been provided pursuant to this subpoena. Please also ensure that such information will be used only for the purposes for which it is being made available and that all necessary steps will be taken to limit access to this data to authorized individuals. Such information may only be used or disclosed in accordance with applicable State and federal laws, regulations, and policies.

Very truly yours,

  
Enoch Kun  
Excelsior Fellow, Legal Affairs  
p: (518) 474-9502  
e: enoch.kun@otda.ny.gov



## Office of Temporary and Disability Assistance

**KATHY HOCHUL**  
Governor

**BARBARA C. GUINN**  
Acting Commissioner

STATE OF NEW YORK)  
COUNTY OF ALBANY ) ss:

## Certification of Business Records

Kenneth Hackman, being duly sworn, deposes and says:

1. That I am the Temporary Assistance Specialist 2 for the New York State Office of Temporary & Disability Assistance (OTDA).
2. That I am the duly authorized custodian or other qualified witness and have authority to make this certification.
3. To the best of my knowledge, after reasonable inquiry, the records or copies produced represent all the documents described in the subpoena in my possession, custody, or control, which specifically requested:
  1. Certified copies of the Respondent's ERAP application and documents in support of Respondent's ERAP application submitted to OIDA (ERAP application ID: QJV1H) in connection with the apartment located at 4 East 107th Street, Apartment 104-LSB a/k/a 158, New York, New York 10029;
  2. Certified copies of documents showing the amount of ERAP funds disbursed, the months for which ERAP funds were allocated, the date of disbursement, the party and address to whom ERAP funds were made, the date ERAP funds were deposited and by whom;
  3. Certified copies of the ERAP approval correspondence to Respondent and Petitioner; and
  4. Certified copies of the front and back of the cancelled check(s) in connection with the ERAP funds on behalf of Respondent (ERAP application ID: QJV1H).
4. To the best of my knowledge, after reasonable inquiry, the records or copies produced represent all the documents described in the subpoena.
5. The records or copies produced were made by the personnel or staff of OTDA, or persons acting under their control, in the regular course of business, at the time of the act, transaction, occurrence or event recorded therein, or within a reasonable time thereafter, and that it was the regular course of business to make such records.

Kemen-Hacken

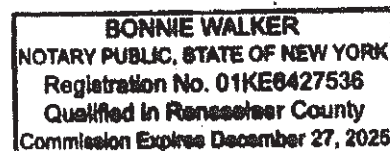
Date: 11/6/23

Kenneth Hackman  
Temporary Assistance Specialist 2  
NYS Office of Temporary & Disability Assistance

Sworn to before me this:  
6th day of November, 2023

James Walker

Notary Public – State of New York



***You have received an important message from the New York State (NYS) Emergency Rental Assistance Program (ERAP).***

**Payment Date: 04/19/2022**

**Fifth & 106th Street Associates  
4 east 107th street  
new york, NY 10029  
QJV1H**

**Dear Fifth & 106th Street Associates ,**

**This letter confirms that the Emergency Rental Assistance Program Application QJV1H for Mark Haynea residing at 4 E 107th St Apt. 15B Manhattan, NY 10029 is approved and a payment has been scheduled. Payment will be made through direct deposit. If a payment cannot be made through direct deposit, then a payment by check is issued to the address provided on the W-9.**

**The total rental amount scheduled to be paid to Fifth & 106th Street Associates for the rental address 4 E 107th St Apt. 15B Manhattan, NY 10029 is: \$56,715.00**

**The following is the total amount of rental arrears (back rent) to be paid per month:**

**December 2020 - \$3,781.00**

**January 2021 - \$3,781.00**

**February 2021 - \$3,781.00**

**March 2021 - \$3,781.00**

**April 2021 - \$3,781.00**

**May 2021 - \$3,781.00**

**June 2021 - \$3,781.00**

**July 2021 - \$3,781.00**

**August 2021 - \$3,781.00**

**September 2021 - \$3,781.00**

**October 2021 - \$3,781.00**

**November 2021 - \$3,781.00**

The following is the total amount for prospective (future) rental payments to be paid per month:

**November 2021 - \$3,781.00**

**December 2021 - \$3,781.00**

**January 2022 - \$3,781.00**

IMPORTANT NOTE: If as a Landlord/Property Owner participating in the program you provided a cumulative record of arrears (back rent), the months that appear on this notice may not match your monthly record. The ERAP payment shall be applied to reduce the total arrears due. The total ERAP arrears payment is the maximum arrears payment that you are eligible for but would not be more than the total arrears due as documented by you, the Landlord/Property Owner (up to a maximum of 12 months).

If you think this decision is wrong, you may appeal to have the decision reviewed.

#### **How to Appeal: You Can Appeal by Phone or Online**

If you want to appeal, you must do this within **thirty (30) days** of the date on this notification. **To appeal, please call 844-NY1-RENT (844-691-7368). For individuals who are hearing impaired, you may call the TTY number at 1-833-843-8829.** When you call, please ask to appeal and tell us why you think our decision was incorrect. A call center agent will help you to request an appeal. **To appeal online, please click HERE to complete the online form or go to <https://otda.ny.gov/programs/emergency-rental-assistance/appeals.asp> and click the link on that page to fill out the form.**

#### **You Can Submit Additional Information About Why You Think The Decision Is Wrong, But Additional Information Is Not Required.**

If you want to provide additional documentation about why you think the decision is incorrect, please click this link to upload the documents: <https://nysrenthelp.otda.ny.gov/en/>. Log in to your Owner Account. After logging in, navigate to the Landlord/Owner section, and under the Landlord/Owner Menu on the right-hand side of the page, click on "Upload Documents". Next, select your Owner Number/Legal Entity in the dropdown first dropdown menu. Then select the ERAP application number from the list of applications attached to your previously selected Owner Number/Legal Entity. Next, select "Appeal" from the Document Type dropdown menu. Then upload the appropriate document by clicking the "Select File" button below the Document Type dropdown menu. Now you will select the appropriate document from the pop-up window and click "Open". The file's title will appear below the "Select File" button. Lastly, complete a Captcha Validation by clicking the box next to "I am not a robot" and clicking the purple "Upload Documents" button to finalize the document upload. Please submit documents one at a time.

If you need assistance uploading documents, please contact us through any of the following methods:

- Contact us by phone:
  - o 844-NY1RENT (844-691-7368)
  - o For the hearing impaired, TTY phone number: 1-833-843-8829.
- Contact us by Webchat: Chat with a representative
- Contact a CBO: <https://otda.ny.gov/programs/emergency-rental-assistance/help-applying/>

**By accepting this payment, I, the property owner, acknowledge and accept the following terms:**

1. I am the property owner (or authorized agent for the owner) of the above referenced property and I am authorized to receive payments.
2. I agree that the arrears covered by this payment are satisfied. I agree not to pursue eviction based on rent amounts reimbursed by these funds and agree to discontinue any pending eviction case that is based on or seeks to recover the reimbursed arrears.

Additionally:

- o I agree to waive any late fees due on any rental arrears paid pursuant to this program.
  - o I agree not to increase the monthly rent to an amount greater than the amount due at the time of the application for this program for a period of one year after the ERAP rental assistance payment is received.
  - o I agree not to evict for reason of expired lease or holdover tenancy any household on behalf of whom rental assistance is received for 12 months after the ERAP rental assistance payment is received.
  - o If the tenant resides in a building with 4 or fewer units, I may decline to extend the lease or tenancy if I or an immediate family member intend to occupy the unit as a primary residence.
  - o I agree to notify the tenant of the protections listed in this section.
3. I understand that ERAP funds are to be used only for expenses that are not paid by other sources. In the event that I am provided with duplicative assistance, I agree to repay any duplicative assistance as directed by the NYS Emergency Rental Assistance Program.



### **For More Information on Appeals and Other Questions**

If you want more information on the appeals process, please visit the ERAP website online:  
<https://otda.ny.gov/programs/emergency-rental-assistance/appeals.asp> If you have any other questions, you may reach us through any of the following methods:

- Contact us by phone:
  - o 844-NY1RENT (844-691-7368)
  - o For the hearing impaired, TTY phone number: 1-833-843-8829.
- Contact us by Webchat: [Chat with a representative](#)
- Contact a CBO: <https://otda.ny.gov/programs/emergency-rental-assistance/help-applying/>

*Thank you,  
NYS Emergency Rental Assistance Program  
844-NY1-RENT (844-691-7368)*

***This is a no-reply email address and is not actively monitored. Please do not respond to this message.***

CIVIL COURT OF THE CITY OF NEW YORK  
COUNTY OF NEW YORK: HOUSING PART S

-----X  
FIFTH AND 106<sup>TH</sup> ST. ASSOCIATES, L.P.,

Index No. 317051-22/NY

Petitioner,

-against-

**JUDICIAL SUBPOENA**  
**DUCES TECUM and**  
**AD TESTIFICANDUM**

MARK HAYNES,  
4 East 107<sup>th</sup> Street  
Apartment 104-15B a/k/a 15B  
New York, New York 10029

Respondent-Tenant,

-----X  
The People of the State of New York

TO: New York State Office of Temporary and Disability Assistance (OTDA)  
OTDA Office of Administrative Hearings  
14 Boerum Place, 1st Floor  
Brooklyn, NY 11201

GREETING:


WE COMMAND YOU, That all business and excuses being laid aside, you appear and attend before one of the Judges of the Civil Court of the City of New York, County of New York at **Part S, Rm 1164B** of said Court, to be held at the Court House thereof, at 111 Centre Street, New York, New York, on **November 9, 2023 at 9:30 o'clock** in the forenoon, and at any recessed or adjourned date to give testimony in this action on the part of the petitioner and that you bring with you, and produce at the time and place aforesaid:

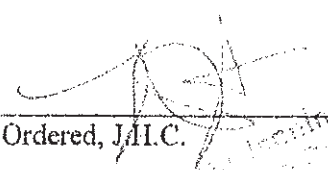
1. Certified copies of the Respondent's ERAP application and documents in support of Respondent's ERAP application submitted to OTDA (ERAP application ID: **QJVIH**) in connection with the apartment located at **4 East 107th Street, Apartment 104-15B a/k/a 15B, New York, New York 10029**;
2. Certified copies of documents showing the amount of ERAP funds disbursed, the months for which ERAP funds were allocated, the date of disbursement, the party and address to whom ERAP funds were made, the date ERAP funds were deposited and by whom;
3. Certified copies of the ERAP approval correspondence to Respondent and Petitioner; and
4. Certified copies of the front and back of the cancelled check(s) in connection with the ERAP funds on behalf of Respondent (ERAP application ID: **QJVIH**).

Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed one hundred fifty dollars and all damages sustained by reason of your failure to comply.



WITNESS, one of the Judges of the Housing Part of the Civil Court of the City of New York, this \_\_\_\_\_ day of October, 2023.

  
\_\_\_\_\_  
Rose & Rose  
Attorneys for Petitioner  
291 Broadway, 13<sup>th</sup> Floor  
New York, NY 10007  
(212) 349-3366  
By: Jaincy Samuel  
[jsamuel@roseandrosclaw.com](mailto:jsamuel@roseandrosclaw.com)

  
\_\_\_\_\_  
So-Ordered, J.I.C.

For Notice to Petitioner  
Jaincy Samuel  
10/17/2023